MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11064

# CERTIFICATE OF DEATH

Reg. Dist. No. 19

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
   LENGTH OF STAY (in this place) 65 yrs.
   HOSPITAL OR INSTITUTION OR STREET ADDRESS Montgomery Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
   STREET ADDRESS (If rural, give location) Montgomery Road

3. NAME OF DECEASED (Type or Print): (First) EDWARD (Middle) TALBOTT (Last) CLARK

4. DATE OF DEATH: (Month) (Day) (Year) Nov. 30th., 1951

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married

8. DATE OF BIRTH: 7/29/86

9. AGE last birthday: 65 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (retired)

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John L. Clark

14. MOTHER'S MAIDEN NAME: Mary Corrine Talbott

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mr. Edward T. Clark Jr. Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Immediate

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

420.1 (c) Arteriosclerotic Cardio-Vascular Disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 12, 1947, to Nov 30, 1951, that I last saw the deceased alive on Nov. 27, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

SIGNATURE: William F. Janeway (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 11/30/51

23. BURIAL, CREMATION, REMOVAL, (Specify) Burial | DATE THEREOF 12/3/51 | NAME OF CEMETERY OR CREMATORY St. Johns Cemetery | LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. Dec. 3, 1951 | REGISTRAR'S SIGNATURE John B. Loughran. Dep. B.E.L.

24. FUNERAL DIRECTOR Easton Sons ADDRESS Ellicott City, Md.

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RECEIVED
DEC. 5 1951
BUREAU V. S.

#22. see Film G137 1/4/51 JT

11065

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 192

| | |
|---|---|
| 1. PLACE OF DEATH: COUNTY Howard MARYLAND | 2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard |
| CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. View — LENGTH OF STAY (In this place) 8 yrs | CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mount View |
| HOSPITAL OR INSTITUTION OR STREET ADDRESS | STREET ADDRESS (If rural, give location) |

| | |
|---|---|
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Anna Caroline Cunningham | 4. DATE OF DEATH (Month) (Day) (Year): Nov. 9, 1951 19 |

| 5. SEX | 6. COLOR OR RACE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) | 8. DATE OF BIRTH | 9. AGE last birthday | If under 1 year Months / Days | If under 24 hrs. Hours / Min. |
|---|---|---|---|---|---|---|
| Female | White | Married | Oct. 17, 1882 | 69 yrs. | | |

| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | 12. CITIZEN OF WHAT COUNTRY? |
|---|---|---|---|
| Housewife | At Home | Sweden | U.S.A. |

| 13. FATHER'S NAME | 14. MOTHER'S MAIDEN NAME |
|---|---|
| Charles E. Patterson | Anna C. Anderson |

| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT AND ADDRESS |
|---|---|---|
| No | None | Howard F. Cunningham, Marriottsville R.F.D. Md. |

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Cardio Vascular Disease | Unk. |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| | (c) | |

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑ |
|---|---|---|
| | | |

| 21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE) |
|---|---|---|
| TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from Sept 6 July 11, 1951, to Nov 9, 1951, that I last saw the deceased alive on Nov 8, 1951, and that death occurred at 11-40A 2PM m., from the causes and on the date stated above.

| SIGNATURE | (Degree or title) | ADDRESS | DATE SIGNED |
|---|---|---|---|
| H. H. Barnes | MD | Sykesville | 11/10/51 |

| 23. BURIAL, CREMATION REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State) |
|---|---|---|---|
| Burial | Nov. 12, 1951 | Oakland | Carroll Co. Md. |

| DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR | ADDRESS |
|---|---|---|---|
| Nov 13 51 | Alice W. Hebb | Weer & Haight, Sykesville, Md. | |

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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NOV 15 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

11066

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

Reg. Dist. No. 195?

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage Rural
LENGTH OF STAY (In this place) 1 minute
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE New York COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN New York City
STREET ADDRESS (If rural, give location) 429 Convent Ave. ✓

3. NAME OF DECEASED (Type or Print) (First) WELDON (Middle) F. (Last) DAVIS
4. DATE OF DEATH (Month) 11 (Day) 12 (Year) 1951
5. SEX Male
6. COLOR OR RACE B.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) W
8. DATE OF BIRTH 4-7-1928
9. AGE last birthday 23 yrs. If under 1 year Months Days If under 24 hrs Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT
10b. KIND OF BUSINESS OR INDUSTRY HOWARD UNI.
11. BIRTHPLACE (State or foreign country) N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Fitzgerald Davis
14. MOTHER'S MAIDEN NAME –
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 099-20-5667
17. INFORMANT AND ADDRESS John Yates 22507 th Ave N.Y. 27

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) Fractured Cervical Vertebrae | Instant |
| 819.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) | |
| 170c | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route No. 1 (CITY OR TOWN) Near Savage (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 11 (Day) 12 (Year) 1951 (Hour) 2 45 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Car in which he was a Passenger, struck bridge rail

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf M.D. (Degree or title) DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY
ADDRESS Ellicott City, Md.
DATE SIGNED 11-12-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11/16/51
NAME OF CEMETERY OR CREMATORY Mt Hope N.Y.
LOCATION (City, town, or county) New York (State)
DATE REC'D BY LOCAL REG. 11-13 T
REGISTRAR'S SIGNATURE
24. FUNERAL DIRECTOR Salto Md. George G. Kelson ADDRESS 1303 Presstman St

099-879

MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

11067

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups (rural)
LENGTH OF STAY (In this place) 6 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 276 Jessups, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups (rural)
STREET ADDRESS (If rural, give location) Box 276

3. NAME OF DECEASED (Type or Print): (First) HYRETHA (Middle) (Last) MITCHELL

4. DATE OF DEATH: (Month) November (Day) 29, (Year) 1951

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 10-15-51

9. AGE last birthday: 6 mos. If under 1 year: Months 1, Days 17; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Jessups, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Leroy Mitchell

14. MOTHER'S MAIDEN NAME: Alma Julia Mitchell

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Leroy Mitchell, Jessups, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Diffuse Pneumonia

493 X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Boric Acid Poisoning

179 X

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [ ] OR CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work [ ] Not while at work [ ]

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy [X] Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [X], accident [ ], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Stanley K. Overacker Assistant Medical Examiner, Balto., Md. 11/30/51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

DATE THEREOF: 12-1-51

NAME OF CEMETERY OR CREMATORY: HARWOOD

LOCATION (City, town, or county) (State): HARWOOD Md.

DATE REC'D BY LOCAL REG. 11/30/51

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: F.C. HIGINBOTHOM, ELLICOTT CITY ADDRESS Md

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MARYLAND STATE DEPARTMENT OF HEALTH

# CERTIFICATE OF DEATH
## FOR MEDICAL EXAMINERS

11068

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel; LENGTH OF STAY (In this place) 18 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS County Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel, Laurel, Md.; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Rebecca ~~Barbara~~ (Last) Purdy

4. DATE OF DEATH: (Month) 11 (Day) 3 (Year) 1951

5. SEX: Female

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Married

8. DATE OF BIRTH: June 7 1900

9. AGE last birthday: 51 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Buttonsville Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur Pursley

14. MOTHER'S MAIDEN NAME: Clara Lusby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Howard Bryan, Buttonsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute alcoholism

322.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fatty liver

77.0 (c) Bruises and lacerations of the face

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: William V Lovett (Degree or title) Asst Medical Examiner ADDRESS DATE SIGNED: Nov 4 1951

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: Nov 6 1951 | NAME OF CEMETERY OR CREMATORY: Hopian Cemetery | LOCATION (City, town, or county) (State): Buttonsville, Md

DATE REC'D BY LOCAL REG. 11/6/51 | REGISTRAR'S SIGNATURE: Frank Shipley.

24. FUNERAL DIRECTOR: De Witt Donaldson, Laurel, Md ADDRESS

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

11065

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton
LENGTH OF STAY (in this place) 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fulton
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Arthur Lloyd (Middle) (Last) Richards

4. DATE OF DEATH (Month) Nov (Day) 5 (Year) 1951

5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 1/26/87
9. AGE last birthday 64 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) carpenter
10b. KIND OF BUSINESS OR INDUSTRY US Govt
11. BIRTHPLACE (State or foreign country) South Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elphus Richards
14. MOTHER'S MAIDEN NAME Martha Lendel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 579-03-3148
17. INFORMANT AND ADDRESS Edw.P.Richards, Hyattsville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| Immediate cause | (a) uremia | 2 weeks |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) nephrosclerosis | 8 mos. |
| | (c) | |

4416X
Ba

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage with right hemiplegia — 8 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/6, 1951, to 11/5, 1951, that I last saw the deceased alive on 11/5, 1951, and that death occurred at 4:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. ADDRESS Clarksville, Md. DATE SIGNED 11/6/51

23. BURIAL, CREMATION REMOVAL (Specify) buried
DATE THEREOF 11/8/51
NAME OF CEMETERY OR CREMATORY Fort Lincoln
LOCATION (City, town, or county) (State) Prince Georges, Md.

DATE REC'D BY LOCAL REG. 11-6-51
REGISTRAR'S SIGNATURE Marie A. Whitaker
24. FUNERAL DIRECTOR Wm. Gasch, 4739 Balto.AV., Hyattsville ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

NOV 8 -
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 19-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City; LENGTH OF STAY (in this place) 2 weeks; HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Carroll; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Union Bridge, Md.; STREET ADDRESS (If rural, give location) Union Bridge, Md.

3. NAME OF DECEASED (Type or Print): (First) David (Middle) Rubin (Last) Rinehart

4. DATE OF DEATH: (Month) Nov (Day) 9 (Year) 19 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 7 1883

9. AGE last birthday: 68 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rail carrier

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Frederick County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Winfield S Rinehart

14. MOTHER'S MAIDEN NAME: Winnie DeLaBiss

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: David Rinehart Union Bridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Gastric hemorrhage | 2 hrs |
| Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Generalized arteriosclerosis | years |
| | (c) | |

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis due to cerebral arteriosclerosis 2 mos.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 27, 1951 to Nov 9, 1951, that I last saw the deceased alive on Nov 9, 1951, and that death occurred at 7:45A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Irving J. Taylor, M.D. ADDRESS: Pinel Clinic, Ellicott City, Md DATE SIGNED: Nov 9

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 11-12-51 | NAME OF CEMETERY OR CREMATORY: Pipe Creek Cemetery | LOCATION (City, town, or county) (State): Uniontown Rd

DATE REC'D BY LOCAL REG.: 11-9-51 | REGISTRAR'S SIGNATURE: John B. Loughran, Reg. B. E. L. | 24. FUNERAL DIRECTOR ADDRESS: D. D. Hartzler & Sons Union Bridge & New Windsor Md.

NOV 16 1951
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

# CERTIFICATE OF DEATH

Reg. Dist. No. 192

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Mayfield Route 144

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ellicott City (rural)
STREET ADDRESS (If rural, give location): Mayfield Route 144

3. NAME OF DECEASED (Type or Print): (First) Lonie (Middle) D (Last) Sheets

4. DATE OF DEATH: (Month) 11-9-51 (Day) (Year) 19

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-30-1877

9. AGE last birthday: 73 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Matthew Sheets

14. MOTHER'S MAIDEN NAME: Elzina Wagner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Rose Sheets, Ellicott City, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Arteriosclerotic Cardio-Vascular Disease — 5 years

422.1 / 932 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

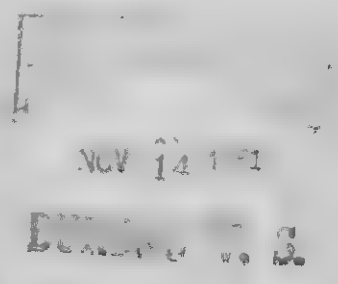
22. I hereby certify that I attended the deceased from 11-3, 1951, to 11-9, 1951, that I last saw the deceased alive on 11-9, 1951, and that death occurred at 2 00 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George E. Dugtop M.D. — ADDRESS: Ellicott City, Md. — DATE SIGNED: 11-12-51

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 11-12-51 — NAME OF CEMETERY OR CREMATORY: Good Shepherd — LOCATION (City, town, or county) (State): Ellicott City, Md.

DATE REC'D BY LOCAL REG. 11-11-1951 — REGISTRAR'S SIGNATURE: Alice M Robb

24. FUNERAL DIRECTOR — ADDRESS: E.C. Higinbothom, Ellicott City, Md.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11672

# CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH — COUNTY: Howard — MARYLAND — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage — LENGTH OF STAY (in this place): 37 — HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Howard — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Savage — STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Norman (Middle) Eugene (Last) Smallwood

4. DATE OF DEATH: (Month) Nov. (Day) 24 (Year) 51

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Single

8. DATE OF BIRTH: Mar. 23, 1914

9. AGE last birthday: 37 yrs. — If under 1 year old: Months / Days / Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Norman C. Smallwood

14. MOTHER'S MAIDEN NAME: Louise K. Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service):

16. SOCIAL SECURITY No.: None

17. INFORMANT AND ADDRESS: Mr. Norman C. Smallwood, Savage, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

| | | Interval Between Onset and Death |
|---|---|---|
| Immediate cause | (a) Ac. Nephritis | 3 mos. |
| Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last | (b) Congenital Spastic Paralysis | 37 yrs. |
| | (c) | |

357.0 87.2

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None. — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 1st, 1950, to Nov. 24th, 1951, that I last saw the deceased alive on Nov. 24th, 1951, and that death occurred at 4 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Frank Shipley, M.D. — Savage, Md. — 11/25/51

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: 11/26/51 — NAME OF CEMETERY OR CREMATORY: Savage Cem. — LOCATION (City, town, or county) (State): Savage, Md.

DATE REC'D BY LOCAL REG. 11/25/51 — REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR — ADDRESS: DeWitt Donaldson, Hanover, Md.

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NOV 27 1961
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

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# CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
LENGTH OF STAY (in this place) 13 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2014 Beechfield Ave

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
STREET ADDRESS (If rural, give location) Beechfield

3. NAME OF DECEASED (Type or Print): (First) amelia (Middle) M (Last) TAYLOR
4. DATE OF DEATH: (Month) 11 (Day) 28 (Year) 1951

5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED
8. DATE OF BIRTH: SEPT 6, 1888
9. AGE last birthday: 63 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): maryland
12. CITIZEN OF WHAT COUNTRY? america

13. FATHER'S NAME: William J. Schleicher
14. MOTHER'S MAIDEN NAME: augusta Burkowski nee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mr Bayard Taylor Beechfield ave

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac failure — Interval between onset and death: 10 yrs.

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

416X
93d

(b) Rheumatic heart, arteriosclerotic heart
(c) marked generalized sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from august 1949 to november 1951, that I last saw the deceased alive on 28 november 1951, and that death occurred at 12:15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
George E. Bolean M.D. Elkridge Md 28 November 51

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
DATE: DEC 1 1951
NAME OF CEMETERY OR CREMATORY: MEADOWRIDGE CEM.
LOCATION (City, town, or county) (State): WASHINGTON BLVD, MD.

DATE REC'D BY LOCAL REG.: 11/29/51
REGISTRAR'S SIGNATURE: C W Hedrick
24. FUNERAL DIRECTOR: Duffield Bros
ADDRESS: 7110 BELAIR RD